

FOR THE  
CALENDAR YEAR \_\_\_\_\_

**MAIL TO: CITY OF TROY**  
**INCOME TAX DEPARTMENT**  
**100 S. MARKET STREET**  
**TROY, OH 45373 - For Assistance Call 339-3861**

## CITY OF TROY – INCOME TAX RETURN

TAX FORM DUE ON OR BEFORE APRIL 15 OR THE 15TH DAY OF THE 4TH MONTH FROM END OF FISCAL YEAR.  
70% PAYMENT DUE JANUARY 31ST TO AVOID PENALTY AND INTEREST

Page 1

**FILING REQUIRED EVEN IF NO TAX DUE**

NAME &  
ADDRESS

IF NAME OR  
ADDRESS IS  
INCORRECT,  
MAKE  
NECESSARY  
CHANGES

FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

**Residency Status (✓ one)**

☐ Resident ☐ Non-Resident ☐ Partial Year Resident From \_\_\_\_\_ To \_\_\_\_\_

**Filing Status (✓ one)**

☐ Single ☐ Married Filing Joint ☐ Married Filing Separate

SOC. SEC. NO. (TAXPAYER)									
SOC. SEC. NO. (SPOUSE)									
FED. I.D. NO.									

NOTE 1. This return must be submitted by every Troy resident 18 years of age and older.

NOTE 2. Any taxpayer attaching a copy of the Federal Return and Schedules, where applicable, need not complete Page 2 (except Schedule Y when Line 8B of Page 1 is used).

1. GROSS WAGES, SALARIES, TIPS, AND OTHER COMPENSATION (Usually this is box 5 from the W-2)	
2. INCOME OTHER THAN WAGES FROM PAGE 2 (See note 2)	
3. TOTAL INCOME (Total Lines 1 and 2 OR Federal Taxable Income per attached Federal Return Form 1120, line 28; Form 1120S, Schedule K, Line 23; Form 1120A, Line 24; Form 1065, Page 4, Line 1.	
4. Subtract Employee Business Expense Federal Form 2106 (must be attached with 1040 & Schedule A)	
5. Subtract 1/2 Self Employment Tax and Self Employed Health Insurance Deduction (1040 must be attached) and Moving Expense Federal Form 3903 (must be attached with 1040)	
6. Total Income for taxpayers allowed the above deduction	
7. A. ADD ITEMS NOT DEDUCTIBLE (From Line M Schedule X)	
B. SUBTRACT ITEMS NOT TAXABLE (From Line Z Schedule X)	
8. A. TOTAL ADJUSTED NET INCOME IF SCHEDULE X IS USED	
B. AMOUNT ALLOCABLE TO TROY IF SCHEDULE Y, PAGE 2 IS USED % of Line 8A	
9. AMOUNT SUBJECT TO TROY INCOME TAX (Line 1 or Line 3 or Line 6 or Line 8A or Line 8B)	
10. TROY INCOME TAX 1.75%	
11. CREDITS: (A) TROY Tax withheld by employer(s)	
(B) Payments and Credits on Declaration of Estimated Tax	
(C) Earned income taxes paid City of (See Instructions for line 11C)	
(X) TOTAL CREDITS ALLOWABLE	
12. A. BALANCE DUE (line 10 less line 11X) (Do not pay amounts less than \$1)	
B. PENALTY INTEREST LATE FILING FEE	
13. TOTAL OF LINE 12A & 12B AMOUNTS (Remittance payable to the City of Troy must accompany this form).	
14. OVERPAYMENT CLAIMED (If Line 11X exceeds Line 10, enter difference here) (Amounts for less than \$1 will not be refunded) Enter Amount of Line 14 you want CREDITED to your Estimated Tax REFUNDED	

MUST ATTACH W2s

### DECLARATION OF ESTIMATED TROY INCOME TAX

PERIOD \_\_\_\_\_ 20 \_\_\_\_\_ TO \_\_\_\_\_ 20 \_\_\_\_\_

15. Estimated income subject to Troy Tax		19. Credits	
16. Estimated Tax Due: 1.75% of Line 15		20. Net Troy Tax Due (Line 18 less Line 19)	
17. Less: Troy Tax to be withheld and/or tax paid to another city		21. Amount paid (not less than 22.5% of line 18) less credits	
18. Balance of estimated Troy Tax Due		22. Balance of Tax payable	

(Payable in equal installments for each calendar quarter, see instructions)

**THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.**

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

SIGNATURE OF TAXPAYER

DATE

ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

SIGNATURE OF SPOUSE

DATE

Do not use this page if your only source of income is from wages and you are not entitled to deduct necessary business expenses from such wages.

**SCHEDULE C — PROFIT (Or Loss) FROM BUSINESS OR PROFESSION**

Page 2

Business Name  
and Address \_\_\_\_\_

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \_\_\_\_\_  
2. LESS: (A) COST OF GOODS SOLD, ☐ or (B) Cost of Operations, ☐ whichever is applicable \_\_\_\_\_  
3. GROSS PROFIT FROM SALES, ETC., (Line 1 less Line 2) \_\_\_\_\_  
4. DIVIDENDS \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_ ROYALTIES \$ \_\_\_\_\_  
5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS \_\_\_\_\_  
6. OTHER BUSINESS INCOME (Specify) \_\_\_\_\_  
7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \_\_\_\_\_

**BUSINESS DEDUCTIONS**

8. ADVERTISING AND PROMOTION \_\_\_\_\_  
9. AUTO, TRUCK AND TRAVEL \_\_\_\_\_  
10. BAD DEBTS \_\_\_\_\_  
11. REPAIRS \_\_\_\_\_  
12. INTEREST ON  
BUSINESS INDEBTEDNESS \_\_\_\_\_  
13. OTHER BUSINESS TAXES \_\_\_\_\_
14. A. COMPENSATION OF OFFICERS  
B. SALARIES AND WAGES  
(Not Deductible Elsewhere) \_\_\_\_\_  
C. PAYMENTS TO PARTNERS  
D. COMMISSIONS \_\_\_\_\_  
15. DEPRECIATION AMORTIZATION \_\_\_\_\_  
16. RENTS (PAID TO \_\_\_\_\_ )  
17. OTHER (LIST IF OVER 10% LINE 18) \_\_\_\_\_

18. TOTAL BUSINESS DEDUCTIONS (TOTAL OF LINES 8 TO 17) \_\_\_\_\_  
19. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 7 LESS LINE 18) \_\_\_\_\_

**SCHEDULE G — INCOME FROM RENTS (If not included in Schedule C)**

(Attach statement explaining columns 3, 4 and 5)

1. Kind & Location of Property	2. Amount of Rent	3. Depreciation	4. Repairs	5. Other Expenses	6. Net Income (or Loss)

TOTAL INCOME (or Loss) SCHEDULE G

**SCHEDULE H — OTHER INCOME NOT INCLUDED IN SCHEDULES C or G**

(Do not list interest or dividends) ORDINARY INCOME FORM 4797

**INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, ETC.**

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H

TOTALS SCHEDULES C, G, &amp; H, ENTER ON LINE 2, PAGE 1

**SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY IRC SECTION 718**

Do not use this schedule unless you begin on line 3 of page 1 with your Federal Taxable Income. Not for individuals.

**ITEMS NOT DEDUCTIBLE****ADD****ITEMS NOT TAXABLE**

- A. Federally deducted losses from IRC 1221 or 1231 property dispositions \_\_\_\_\_  
B. Five percent of intangible income reported in letter O except that from IRC 1221 property dispositions \_\_\_\_\_  
C. City or State income taxes \_\_\_\_\_  
D. Guaranteed payment or accruals to or for current or former partners or members \_\_\_\_\_  
E. Federally deducted dividends, distribution, or amounts set aside for, credited to, or distributed to REIT or RIC investors \_\_\_\_\_  
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities \_\_\_\_\_  
G. Other expenses not deductible (Explain) \_\_\_\_\_  
\_\_\_\_\_

- N. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250) \_\_\_\_\_  
O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income \_\_\_\_\_  
P. Not previously deducted IRC Section 179 expense \_\_\_\_\_  
Q. State & Local Refunds \_\_\_\_\_  
R. Other income exempt from TROY Tax (Explain) \_\_\_\_\_  
\_\_\_\_\_

M. TOTAL ADDITIONS (Enter as Line 7A, page 1)

Z. TOTAL DEDUCTIONS (Enter as Line 7B, Page 1)

**SCHEDULE Y — BUSINESS ALLOCATION FORMULA****A. Located Everywhere****B. Located in Troy****C. Percentage (B-A)**

Step 1: Average original costs of real and tangible personal property \_\_\_\_\_  
Gross annual rentals multiplied by 8 \_\_\_\_\_  
Total Step 1 \_\_\_\_\_

Step 2: Gross receipts from sales made and work and services performed \_\_\_\_\_  
Step 3: Total wages, salaries, commissions and other compensation of all employees \_\_\_\_\_  
Total percentages \_\_\_\_\_

Step 5: Average percentage (Divide total percentages by number of percentages used — carry to Line 8B — Page 1) \_\_\_\_\_ %

**SCHEDULE Z — PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME**

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments		5. Taxable Percentage		6. Amount Taxable	
	Yes	No	Percent	Amount						
(A)										
(B)										
(C)										

7. LINE 19, SCHEDULE C, Page 2

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